

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>6/24/00</i>
O.I.P.E. CLASSIFIER		32	6/24
FORMALITY REVIEW	AS	551	8-9-00
RESPONSE FORMALITY REVIEW	SK	809	12-28-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	4/19/00
2	✓	✓	2/1/03
3	✓	✓	7/23/02
4	✓	✓	8/16/02
5	✓	✓	8/16/02
6	✓	✓	8/16/02
7	✓	✓	8/16/02
8	✓	✓	8/16/02
9	✓	✓	8/16/02
10	✓	✓	8/16/02
11	✓	✓	8/16/02
12	✓	✓	8/16/02
13	✓	✓	8/16/02
14	✓	✓	8/16/02
15	✓	✓	8/16/02
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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